

Johann Bartl
Brunnsteinerstr. 10a
D-83059 Kolbermoor

James M. Peck
one Bowling Green
New York, New York 10004
Courtroom 601

Claim: 66374 (LEHMAN Brothers Holding Inc. Et al.)
Debtor: 08-13555

Sehr geehrte Damen und Herren,

Hiermit lege ich Widerspruch gegen die Löschung meines Anspruches ein.
Durch die Citibank wurde ich erstmals am 02.10.2008 über dich Sachlage informiert.
Am 29.12.2008 habe ich mich erstmals online selbst in Amsterdam für das Insolvenzverfahren registriert.
Nach einer Verschiebung des Depos von der Citibank zur Sparkasse erhielt ich von der Sparkasse eine erneute Einreichungsfrist bis spätestens 15.10.2009. Dies Frist habe ich entsprechend eingehalten habe meine Ansprüche geltend gemacht. (siehe Anhang)
Da ich bis keine Bestätigung in der Zwischenzeit erhielt und in der Zeitung las, dass eine erneute Frist bis 15.03.2010 herrschte, machte ich meine Ansprüche am 25.02.2010 erneut geltend. (siehe Anhang)

Somit habe ich alle Fristen einhalten und bitte sie meinen Anspruch weiterhin für gültig zu erachten.

Ich bitte Sie um schnellst mögliche Rückantwort.

Mit freundlichen Grüßen

Johann Bartl

Translation:

Dear sir or madam,

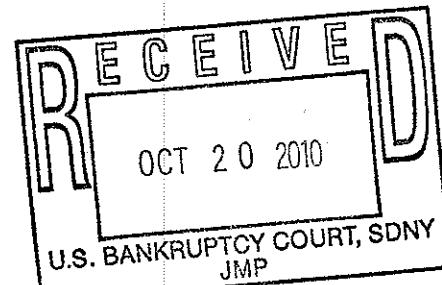
Herby I enter an objection for the disallowance and expunction of my claim.
The Citibank informed me the first time on 02.10.2008 about situation.
On 29.12.2008 I initially registered by my own online in Amsterdam for the bankruptcy.
After transferring my bank depo from the Citibank to the Sparkasse I got a new deadline for registering until 15.10.2009. For this deadline I was in time and claimed my demand. (see attachment).
As in between I did not receive any confirmation and read in the newspaper there is another dead line until 15.03.2010 I sent another claim. (see attachment)

Consequently all dead lines are observed and I appeal to still consider my claim.

An answer is requested.

Kind Regards,

Johann Bartl



Terminsache

Weisungstermin:

Sparkasse
Rosenheim-Bad Aibling
Depotverwaltung
Marienplatz 3

Depot-Nr.: 7066 0003007924

Depotinhaber:
Johann Bartl

83043 Bad Aibling



Beantragung einer "Blocking Number" zur Anmeldung von Ansprüchen ("Proof-of-Claim")

Lehman Bros Treasury Co. B.V. Outp A.Red.N 09.07.12 Basket
ISIN: DE000A0N7XQ2

() Hiermit beantrage(n) ich/wir für nom./Stck. 5,000 der oben genannten
Gattung eine "Blocking-Number".

*** Bitte beachten Sie, dass die Beantragung der Blocking-Number ggf. mit Kosten verbunden ist.***

Ggf. abw. Auftraggeber, Name in Druckbuchstaben	Datum, Unterschrift
<u>Johann Bartl</u>	<u>Wmaw, 15.10.09</u>

Auftragsannahme am: _____ um: _____ durch: _____

Beratung erfolgt: [] ja [] nein [] Execution Only durch: _____

Deckung, Legitimation und Risiko geprüft durch: _____

United States Bankruptcy Court/Southern District of New York
 Lehman Brothers Holdings Claims Processing Center
 c/o Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5076
 New York, NY 10150-5076

In Re: Lehman Brothers Holdings Inc., et al. Debtors:	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
---	---

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <i>John A. [unclear]</i>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Telephone number: _____ Email Address: _____	Court Claim Number: _____ (if known)
Name and address where payment should be sent (if different from above) <i>John A. [unclear]</i>	Filed on: _____
Telephone number: _____ Email Address: _____	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p> <p>Amount of Claim: \$ <u>77,423</u> (Required)</p> <p><input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.</p> <p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p> <p>International Securities Identification Number (ISIN): <u>SELMF1P0X</u> (Required)</p> <p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p> <p>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number: <i>John A. [unclear]</i> (Required)</p> <p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p> <p>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: <i>John A. [unclear]</i> (Required)</p> <p>5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions</p>	
Date: <i>10/20/10</i>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
FOR COURT USE ONLY	
Penalty for preventing fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571	